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FAX**OFFICIAL****To:** Ms. Wanda Lawson**Company:** U.S.P.T.O, Group Art Unit 2611**Fax No.:** (703) 872-9306**Phone No.:****From:** Stephanie M. Mansfield**Date:** November 17, 2003**Approx. Time:** 6:15 pm**File No.:** USSN 09/671,329**Total Pages (w/cover):** 3**RECEIVED**
CENTRAL FAX CENTER**NOV 18 2003****Message:**

Dear Ms. Lawson,

Pursuant to instructions from Examiner Krista Bui, attached please find a copy of an Associate Power of Attorney for the above-referenced application (originally mailed on May 30, 2003) which has not yet been entered. OIPE suggested that I fax a copy of the Power directly to the group for processing.

Thank you for your assistance in this matter. Should you have any questions or concerns, please contact me directly.

Sincerely,
Stephanie Mansfield
Reg. No. 43,773

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/671329	
	Filing Date	09/26/2000	
	First Named Inventor	Brian Joseph Donlan et al.	
	Group Art Unit	2611	
	Examiner Name	Not Yet Assigned	
Total Number of Pages in this Submission	1	Attorney Docket Number	2000-0279

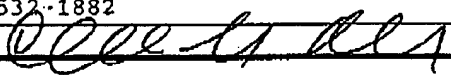
Enclosures (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits / Declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 <input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> Assignment & Recordation Cover Sheet <input type="checkbox"/> Drawing(s) & Letter to Official Draftsman <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition to the Commissioner <input type="checkbox"/> Petition to Convert a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communications to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communications to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Return Receipt Postcard <input type="checkbox"/> CD, Number of CDs <input type="checkbox"/> Additional enclosure(s) (please identify below)
Remarks		

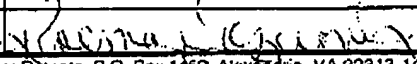
CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	Customer Number - 26652	or <input type="checkbox"/> Correspondence address below																				
<table border="1"> <tr> <td>NAME</td> <td colspan="3">Samuel H. Dworetsky</td> </tr> <tr> <td>ADDRESS</td> <td colspan="3">AT&T CORP. P.O. Box 4110</td> </tr> <tr> <td>CITY</td> <td>Middletown</td> <td>STATE</td> <td>New Jersey</td> </tr> <tr> <td>COUNTRY</td> <td>United States of America</td> <td>ZIP CODE</td> <td>07748-4110</td> </tr> <tr> <td></td> <td></td> <td>FAX</td> <td>732-368-6932</td> </tr> </table>			NAME	Samuel H. Dworetsky			ADDRESS	AT&T CORP. P.O. Box 4110			CITY	Middletown	STATE	New Jersey	COUNTRY	United States of America	ZIP CODE	07748-4110			FAX	732-368-6932
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	Cedric G. DeLaCruz	Reg. #	36498
TELEPHONE	908-532-1882		
SIGNATURE		DATE	05/30/2003

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage thereon as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on this date: 05/30/2003			
Type or Printed Name	Rosemary Drazenovich		
Signature		Date	05/30/2003

SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450